

# POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No.

F2011

## 2. Reason for Submission

☐ Redescription ☒ New  
☐ Reestablishment ☐ Other

Explanation (Show any positions replaced)

## 3. Service

☐ Hdqtrs. ☒ Field

## 4. Employing Office Location

## 5. Duty Station

## 7. Fair Labor Standards Act

☒ Exempt ☐ Nonexempt

## 10. Position Status

☒ Competitive  
☐ Excepted (Specify in Remarks)  
☐ SES (Gen.) ☐ SES (CR)

## 8. Financial Statements Required

☐ Executive Personnel Financial Disclosure ☐ Employment and Financial Interests

## 11. Position Is:

☐ Supervisory  
☐ Managerial  
☐ Neither

## 12. Sensitivity

☐ 1-Non-Sensitive ☐ 3-Critical Sensitive  
☐ 2-Noncritical Sensitive ☐ 4-Special Sensitive

## 9. Subject to IA Action

☐ Yes ☐ No

## 13. Competitive Level Code

## 14. Agency Use

15. Classified/Graded by	Official Title of Position	Pay Plan	Occupational Code	Grade	Initials	Date
a. U.S. Office of Personnel Management						
b. Department, Agency or Establishment						
c. Second Level Review						
d. First Level Review	FIRE MANAGEMENT OFFICER	GS	401	11	MN	11-27-96
e. Recommended by Supervisor or Initiating Office						

## 16. Organizational Title of Position (if different from official title)

## 17. Name of Employee (if vacant, specify)

## 18. Department, Agency, or Establishment

DEPARTMENT OF THE INTERIOR

### a. First Subdivision

Bureau of Land Management

### b. Second Subdivision

State Office

### c. Third Subdivision

### d. Fourth Subdivision

### e. Fifth Subdivision

## Signature of Employee (optional)

## 19. Employee Review—This is an accurate description of the major duties and responsibilities of my position.

## 20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the

knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

### a. Typed Name and Title of Immediate Supervisor

### b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)

Signature

Date

Signature

Date

## 21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

GS-407 Biological Sciences ~~Series~~ Series  
 Rangeland Management Series, GS-454  
 TS-126 September 1993

### Typed Name and Title of Official Taking Action

MARK W. WHITESELL

POSITION CLASSIFICATION SPECIALIST

Signature

Date

Information for Employees. The standards, and information on their application are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.

22. Position Review	Initials	Date	Initials	Date	Initials	Date	Initials	Date
Employee (optional)								
Supervisor								
Classifier								

## 24. Remarks

FPL: GS-11  
 HC:  
 BUS: 7777  
 OCM:

THIS IS A TESTING  
 DESIGNATED POSITION

## 25. Description of Major Duties and Responsibilities (See Attached)